



**City of Renton
Flexible Spending Account
Open Enrollment Benefit Election Form: 2015 Plan Year**

Employee (Last Name, First, Middle Initial)	Social Security No.	Effective Date 01-01-2015
Mailing Address	Employee Number	Date of Hire
Email Address		

The Flexible Spending Account (FSA) allows you to set aside funds on a pre-tax basis to reimburse yourself for qualifying dependent care or healthcare expenses. Please indicate your election below:

HEALTHCARE REIMBURSEMENT PLAN **I DO NOT WISH TO PARTICIPATE IN THIS PLAN**

There is a maximum contribution of \$2,550.00 per calendar year.

TOTAL 2015 ANNUAL ELECTION	DIVIDED BY NUMBER OF PAY PERIODS	PER PAY PERIOD DEDUCTION
\$	24	\$

DEPENDENT CARE EXPENSE REIMBURSEMENT PLAN **I DO NOT WISH TO PARTICIPATE IN THIS PLAN**

There is a maximum contribution of \$5,000.00 per calendar year.

TOTAL 2015 ANNUAL ELECTION	DIVIDED BY NUMBER OF PAY PERIODS	PER PAY PERIOD DEDUCTION
\$	24	\$

EMPLOYEE'S STATEMENT

I have received and read printed materials explaining the Flexible Spending Account and my options as a participant. I understand that I am making a binding election for one full plan year; that elections can be changed only during open enrollment or, in some cases, when permitted under the plan's rules. *I also understand that I will be charged a participant fee of \$1.75 per pay period.*

Participation in the Flexible Spending Account creates Personal Health Information. Unless otherwise directed by me, BAC will anticipate that they are authorized to communicate with my spouse regarding my flex account for the purposes of claims question, denials, balances, and other operations of the account.

This release is revocable at anytime by completing the Release of Information form. If you would like to limit the information available to your spouse or allow access to other dependents please complete the Release of Information form.

Date	Signature of Employee
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